

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.  | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       |          | 12      | 2/2      |
| FORMALITY REVIEW          | BZ       | TC3-883 | 02-20-01 |
| RESPONSE FORMALITY REVIEW | HA       | 358     | 04-30-01 |

INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date      |
|----------------|-----------|
| Final Original |           |
| 1              | ✓ 1/13/01 |
| 2              | ✓         |
| 3              | ✓         |
| 4              | ✓         |
| 5              | ✓         |
| 6              | ✓         |
| 7              | ✓         |
| 8              | ✓         |
| 9              | ✓         |
| 10             | ✓         |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

TC3-883

12-2

10-15-01